

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUN 26 AM 10:49

DOCUMENT # P01000112119

1. Corporation Name

Sabor de Tampa, Inc.

REINSTATEMENT

02-03

2. Principal Office Address

3434 West Columbus Drive

Suite, Apt. #, etc.

Suite 101

City & State

Tampa, Florida

Zip

33607

Country

USA

3. Mailing Office Address

3434 West Columbus Drive

Suite, Apt. #, etc.

Suite 101

City & State

Tampa, Florida

Zip

33607

Country

USA

000020541120

06/05/03--01033--010 **750.00

4. Date Incorporated or Qualified
To Do Business in Florida

11/26/2001

5. FEI Number

59-3757955

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Mireya Alvaro

Street Address (P.O. Box Number is Not Acceptable)

3434 West Columbus Drive

Suite, Apt. #, Etc.

Suite 101

City

Tampa

State

FL

Zip Code

33607

000020541120

06/26/03--01022--009 **150.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Mireya Alvaro

REGISTERED AGENT MUST SIGN

Date 4/24/03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
0	SOPHIE BELTRAN	14314 KELLINGREW PL	TAMPA, FL 33624
0	Ernesto Alvaro	14314 Kellingrew Pl	Tampa, FL 33624

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Mireya Alvaro

Mireya Alvaro

4/24/03

813-361-8603

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/26/03

CR2E081 (10/02)